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Update on the UNFPA Review and Assessment Exercise

Report of the Executive Director

Summary

This report has been prepared in response to Governing Council decision 93/27 A, which requested the Executive Director to submit to the Council at its forty-first session (1994) a report updating the review and assessment study of the Fund and synthesizing the UNFPA experience over the last 25 years, and to present, at the forty-second session of the Council, the Executive Director's proposals on programme priorities and future direction of UNFPA, taking into account the views of the Governing Council on the report to be submitted to the forty-first session, as well as the recommendations of the International Conference on Population and Development (ICPD), to be held in Cairo in September 1994 (para. 12). This report gives due consideration to the comprehensive UNFPA review and assessment exercise completed in 1989 and incorporates new experience gained during five additional years of population programme implementation.

Recommendation. The Executive Director requests the Executive Board to take note of issues raised in the report and to bring to the attention of UNFPA any additional issues that merit consideration at this time. The Executive Board may also wish to reiterate its request that the Executive Director report to the Board at its regular session in October 1994 on the policy and programme implications of the recommendations of the International Conference on Population and Development.

A. Review and assessment exercise: Lessons learned 1969-1989

1. The review and assessment exercise examined what had worked in the population field and what had not and identified the factors responsible for success or failure of national population programmes in three key areas of the UNFPA work programme over the 20-year period from 1969 to 1989: population data, policy development and planning; maternal and child health and family planning (MCH/FP); and information, education and communication (IEC). UNFPA published the findings and recommendations of the review and assessment in a comprehensive study entitled Population Policies and Programmes: Lessons Learned from Two Decades of Experience, in which it analysed programming and policy concerns in the three key areas, examined such concerns from a regional perspective and discussed an agenda for the future. The review and assessment concluded that, while considerable progress had been made in the population field, the international community should intensify its technical and financial support to help developing countries to implement their population and family planning programmes.

2. UNFPA also submitted a report to the Governing Council on the policy implications of the findings and recommendations of the review and assessment (document DP/1989/37). That report noted the implications of population changes in the 1990s and identified population programme goals for the 1990s. These goals were: (a) to develop comprehensive population policies to help achieve sustainable development; (b) to decelerate rapid population growth by expanding family planning information, education and services; (c) to lower current levels of infant, child and maternal mortality; and (d) to improve the role, status and participation of women. The report concluded with an analysis of the implications of the review and assessment for population programming in the 1990s. It stressed that countries had to obtain needed political support, introduce strategic planning and programming, diversify the agents for demographic change (e.g., to include non-governmental organizations, community and religious organizations, and women's groups) and strengthen resource mobilization. The report, and the review and assessment more generally, also anticipated the main thrust of General Assembly resolutions 44/211 and 47/199, stressing the importance of developing a national plan to serve as a framework for coordinating all population activities within the country and emphasizing the need to rapidly strengthen national capacity to manage such a plan.

3. The update of the review and assessment, the main findings of which are summarized below, reaffirmed the continuing relevance of the policy implications noted in document DP/1989/37 and identified a number of additional issues that deserve further attention.

B. Update 1989-1994

4. The recent update finds that the demographic situation in many developing countries has shown considerable improvement during the period from 1969 to 1994: fertility levels have declined from an average of 6.0 live births per woman in 1965-1970 to 3.6 in 1990-1995; crude death rates have fallen from 15 per 1,000 to 9 per 1,000 respectively; and life expectancy at birth has increased by nearly 20 per cent, from 52 years to 62 years. Overall, the health of women and children is improving, and contraceptive prevalence, which has increased from around 30 per cent in 1965-1970 to an estimated 56.8 per cent of women of reproductive age in 1994, is growing at a rate faster than that anticipated in the 1989 review and assessment. In most regions, enhancing the role and status of women has been emphasized in governmental policies and has been supported by programmes to bring about the changes envisaged in these policies. Indeed, efforts to remove discrimination against girls are producing results. Enrolment of girls in primary and secondary schools is on the rise, and female school enrolment as a proportion of male enrolment increased from 78 per cent in 1980 to 83 per cent in 1990. IEC programmes have successfully influenced changes in reproductive health behaviours in a large number of developing countries and are becoming more adept at reaching special populations.

5. In part, these improvements are reflected in, and are a result of, enhanced population data and methodologies that permit the more effective use of resources to reach people in need of services. The update

of the review and assessment reaffirmed the key role played by population policy and planning units or commissions in facilitating government efforts to integrate population variables into development plans at both the national and subnational levels. In 1965-1970, such units/commissions were almost totally non-existent; at the time of the update, population units/commissions had been established in over 70 developing countries. As noted in the 1989 review and assessment, these units/commissions serve a number of important purposes: politically, they indicate a country's commitment to population issues; operationally, they help to integrate population concerns into development planning; institutionally, they serve as a focal point for population expertise and programme review and assessment; and physically, they promote interaction between economists/planners and demographers, thereby broadening development perspectives.

6. The update also reaffirmed the importance of the Fund's Programme Review and Strategy Development (PRSD) exercise as an integral component of strategic planning and programming at the country level. The exercise, which is organized by UNFPA in cooperation with the Government, analyses a country's current population status and needs, assesses past population activities, and makes recommendations for future action. One of its primary aims is to develop a comprehensive strategic framework for population activities at the country level over the next 5 to 10 years within the context of national development priorities and objectives. The PRSD exercise, therefore, is itself a valuable input into the formulation of a country strategy note, which seeks, inter alia, to ensure the effective integration of assistance provided by the United Nations system into the development process of the country. This is reinforced by the Fund's technical support services (TSS) arrangements, which, extended primarily through UNFPA Country Support Teams (CSTs), provide the high-quality technical assistance needed to ensure effective strategic programming and to promote and enhance national execution and decentralization.

7. Despite these achievements, however, the update identified a number of issues that still require further elaboration and coordinated and concerted action. These include the need: (1) to obtain accurate estimates of global requirements for contraceptive commodities and to devise ways to provide contraceptives to meet these requirements; (2) to adopt an integrated approach to reproductive health care; (3) to strengthen policies and procedures for matching resources to evolving needs at the country level, including the need to redefine the roles of successful programmes; (4) to address the special problems associated with the ageing of populations; (5) to devise policies and provide assistance and services responsive to the needs of refugees and recent migrants; (6) to improve strategic planning and programme implementation; and (7) to mobilize additional resources to help countries meet the basic needs of their population programmes.

8. The first issue concerns countries' capability of meeting their contraceptive requirements in the 1990s. To help determine what these requirements are, UNFPA prepared, in collaboration with The Population Council, an update of the global estimates of contraceptive requirements for 1994-2005, which included estimates of condom requirements for the prevention of sexually transmitted diseases (STDs) and AIDS, prepared by the World Health Organization (WHO)/Global Programme on AIDS (GPA). The update estimated the cost of contraceptive commodities needed to meet projected contraceptive use for family planning for the 12-year period at $7.7 billion. The total cost of contraceptive commodities increases to $8.1 billion when the cost of condoms for HIV/AIDS prevention (estimated at $406.5 million for the 12-year period) are included in the projection. A summary of the findings of the update are provided in document DP/1994/47, which is being submitted to the Executive Board at its first annual session.

9. Second, the update acknowledged the need to continue to improve the quality of family planning programmes and to provide family planning services within the framework of reproductive health care services. Integrated reproductive health care/family planning services seek to ensure that people have the ability to reproduce, to regulate their fertility and to have healthy and responsible sexual relationships. Such services, to be provided through primary health care systems, could include: (a) information and services aimed at all couples and individuals, including adolescents; (b) treatment of gynaecological problems related to contraception; (c) information, education and services dealing with prenatal and postnatal care as well as with childbirth; (d) information and services regarding the prevention of STDs, including counselling, distribution

of condoms for HIV/AIDS prevention and referral services for follow-up care; (e) diagnosis and treatment of infertility and sub-fecundity and referral for follow-up; and (f) routine reproductive health check-ups for women. These services would adopt a client-centred approach and seek to satisfy the unmet reproductive health care/family planning needs of individuals and couples.

10. The integrated reproductive health care/family planning perspective goes beyond the absence of disease or disorders of the reproductive process and implies that reproduction should be carried to a successful outcome. It also includes the reproductive health needs of men and of adolescents and involves extending services to all women of reproductive age, as well as to those beyond reproductive age who may require care for the aftereffects of illnesses associated with their childbearing years. The burden of ill-health associated with frequent and untimely reproduction falls disproportionately on women, who must endure greater hardships from the long-term effects of STDs, are more susceptible to HIV infection, and face a heavier social and psychological burden for a couples' inability to have children. Women also assume greater responsibility for use of contraception, although methods available for use by men have fewer side effects or risks. The emphasis on reproductive health care reflects a commitment to promote good health and to prevent disease, not only during pregnancy and at childbirth, but also throughout people's lives, from adolescence through adulthood.

11. The emphasis on integrated reproductive health care/family planning also requires increased efforts to improve the quality of care. This involves, inter alia, providing a mix of contraceptive methods that are sufficiently diverse to meet the needs of all users; assisting clients in making voluntary and informed choices of contraceptives; improving the technical competence of service providers through on-the-job training in clinical skills and in interpersonal communications and counselling; providing clients with complete, accurate and understandable information; developing and/or strengthening follow-up and referral mechanisms and record-keeping systems; and training supervisors to monitor the quality of the services delivered (not just the outcomes as indicated by service statistics) and to provide technical advice in a supportive way.

12. The update suggested that reproductive health care should serve as the linchpin of integrated programmes, around which related services and activities should be structured and coordinated. For example, IEC activities should be an integral component of efforts to achieve satisfactory levels of reproductive health. They should seek to involve men more fully in family planning and reproductive health care activities and be designed to assist both adults and adolescents in making free and informed decisions concerning their sexual and reproductive lives. Indeed, a 1993 survey on the effects of sex education on young people's sexual behaviour, conducted by WHO, underscores the importance of providing youth with appropriate and timely information and services. The survey suggests that reproductive health education for youth not only helps to reduce high-risk behaviour among sexually active youth, it also leads either to a delay in starting sexual activity or to a decrease in overall sexual activity. The update also recommended that population IEC programmes should develop strategies to enable couples, families and youth to discuss population and reproductive health issues openly and honestly.

13. The broader concept of integrated reproductive health care/family planning requires that IEC messages should incorporate information on such issues as, inter alia, the status and role of women, STD/AIDS prevention, safe motherhood and child survival, and environmental protection. Moreover, IEC strategies should emphasize activities that serve as a bridge between the people, planners and programme implementers. This will help improve communications between these groups, enhance the relevancy of IEC messages and ensure greater responsiveness to the needs of the people.

14. The third issue involves strengthening policies and procedures for matching resources with evolving needs at the country level. The importance of this was reaffirmed by the General Assembly in its resolution 47/199, which noted the need for priority allocation of scarce grant resources to programmes and projects in low-income countries, particularly the least developed countries (para. 4). Such priority allocation of resources has long been a concern of UNFPA, as reflected in Fund's extensive experience in implementing its priority-

country system. That system has enabled UNFPA to be flexible in responding to changing economic and demographic situations and to concentrate its resources in countries with the most critical needs.

15. The third issue also arises from the progress achieved in population programmes in many parts of the world. Many of these programmes have met, or even surpassed, the goals set forth in the ICPD draft programme of action for the year 2015 for improved health status and satisfaction of couples' family planning and reproductive health care needs. This success is seen in: levels of infant mortality that other developing countries are unlikely to achieve without decades of further efforts; average family size at or below the level needed to maintain a stable population size; and access to services of high quality to allow couples to space and limit births and to avoid unwanted pregnancies. Additionally, there is a larger group of developing countries that will attain similar levels of success in meeting the needs of their populations within the next few years.

16. Taken together, these successful programmes not only demonstrate individual achievements, they also add greatly to the pool of human and technical resources that can be mobilized to help countries address their population issues. Indeed, such countries now have the capacity to assist other developing countries in achieving their population goals by, for example, enhancing South-to-South cooperation, providing hands-on training, and forging partnerships in such endeavours as contraceptive research and contraceptive production. These successful countries may no longer require external assistance for comprehensive population programmes, as they have committed high levels of internal resources to meeting the needs of their people. However, international assistance may still be required to help them meet the needs of certain groups within their populations and to implement selected activities within their national programmes. The Fund will therefore need to further examine how best it can effectively meet the changing needs of these countries.

17. Fourth, in many developing countries, particularly those in Asia and Latin America, the proportion and number of people aged 65 and over are rapidly increasing. The resulting changes in the age-structure of populations pose special problems to these countries, which are increasingly faced with meeting the basic needs of not only a relatively large young adult population but also a rapidly expanding elderly population. The elderly have special needs for housing, employment, health care, social welfare and recreation. Although most will work less or not at all, some will work into their advanced years. Moreover, while the need for health services and the level of disability increases with age, most elderly are able to lead full and independent lives and contribute to their families and communities. For most developing countries, the built-in momentum of high population growth rates is already increasing the size of their elderly populations. The present challenge facing all countries, developed and developing alike, is to create conditions that will allow the elderly to work and live independently in their own communities. This can be achieved only if countries act now to develop comprehensive, long-term development strategies that specifically take into account the social, economic, health and psychological implications of ageing populations.

18. Fifth, internal migration, and in particular the movement of people to cities, is an intrinsic part of social and economic development. However, unless the growth of urban centres is accompanied by provision of adequate resources to create jobs, construct housing, build infrastructure and provide basic services, living conditions in cities will deteriorate. This is the case in many developing countries where movements of people to principal cities continues at a rapid rate. International migration, on the other hand, has been growing, not only between neighbouring countries (which accounts for most of such migration) but also between regions, particularly that from developing to developed countries. The most pressing need at present is to maximize the benefits of migration, to both the sending and receiving countries. This will require, among other things, adopting international policies that take into account the economic constraints of the host country as well as the impact on the countries of origin.

19. In several areas, a large number of refugees have become long-term guests in neighbouring countries. The impact of providing assistance to these new arrivals presents a considerable burden to the social development system of the host countries. Flows of migrants and asylum seekers and refugees to selected

countries in Europe, North America and Oceania have continued since 1989. The need for coordinated policy and provision of short-term and emergency services responsive to the needs of refugees, recent migrants and victims of natural disasters is thus a matter of grave concern, both to the countries in question and the international community as well.

20. Sixth, the update reaffirmed that coordination between governments, donors and the organizations, agencies, funds and programmes of the United Nations system is indispensable to increased programme efficiency. However, there are many challenges to effective cooperation. In response to such challenges, the General Assembly, in its resolution 47/199, stressed the need to improve the overall effectiveness and efficiency of the United Nations development system in delivering its assistance. Resolution 47/199 further stressed that the mandates of the various entities of the United Nations system should be respected and enhanced, taking into account their complementarities, and that, therefore, "the specific activities of each funding organization, within the broad framework of the country strategy note, should be outlined in a specific country programme prepared by the recipient Government with the assistance of the funding organizations" (para. 9(d)).

21. It is in this context that UNFPA's PRSD exercise and TSS arrangements should be viewed. Both heighten the Fund's comparative advantage and maximize the impact of the assistance it provides, as well as of that provided by other donors. Both also seek to improve the Fund's effectiveness and efficiency in delivering assistance, strengthen its capacity to provide policy guidance and technical assistance and advice, and help countries build up and/or enhance their capacity to execute programmes and projects. The PRSD exercise and the Country Support Teams also serve important monitoring functions, which in turn help improve the quality and impact of the assistance being provided.

22. Seventh, satisfying current and projected unmet demand and meeting the basic needs in developing countries in the areas of population and reproductive health, including family planning, will require the mobilization of significant additional financial resources. The draft final document of the International Conference on Population and Development (A/CONF.171/PC/L.10/Add.1) contains preliminary estimates of what it would cost each year to implement the four major components of basic national programmes in the developing countries and countries with economies in transition. The estimated annual cost for implementing such components (family planning; reproductive health services; STD/HIV/AIDS prevention; and basic research, data and population and development policy analysis) in the year 2000 is $17 billion. While it should be pointed out in this regard that both the estimates and what constitutes each component are still being negotiated and thus will have to be decided upon at the Cairo Conference in September, it is clear that the additional amounts needed are substantial and require concerted and coordinated action at both the national and international levels.